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		PPLICATIO	-084/		Application or Docket Number 10/085,254 (H0002864)					
CLAIMS AS FILED - PART 1							OTHER THAN LL ENTITY OR SMALL ENTITY			
FOR			NUMBER FILED		NUMBER EXTRA		TE FEE	7	RATE	FEE
	SIC FEB CFR LIMAD						3 -	OR		5
TOT	AL CLAIMS	48	48 minus 20-		• 28			_ OR	x5	
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MULTIPLE DEPENDENT CLAIM PRESENT GFCTE LINES						1	-	OR	••	
• Mode deficiency in colors 15 less days prop. com "P' to colors ? TOTAL OR TOTAL										
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							LL ENTITY	OR	OTHER T	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAI	ADDA TIONA FEE		RATE	ADDI- TIONAL FEE
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ME	ladoposdest or crit i.ista	٠ 9	Minus	••• 9	= 0	1		OR OR	<u>, 200</u> _	0
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 07 CR LING					11-	_•	OR.	+	
3/3/06 (Column 1) (Column 2) (Column 2)						TOT ADDIT. F			TOTAL DDIT. FEE	0
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAI	ADDI TIONA FEE		RATE	addi- tional fee
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Ž	Total ar cris s. ima	26	Minus	- 48	- 0] <u> 1</u>		A OR	25	
AMENDMEN	Independent ar CFR (.(16))	. 4	Minus	9	1-0	<u> -</u>	/	OR	<u>}</u>	
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	* If the curve in enhant 1 is less than the cutry in authors 2, write "I" in column 3.							OR	TOT/L ADDIT, FEE	

* If the cutry is column 1 is how than the ontry is anisomo 2, write "O" in column 3.

** If the "Highes Number Previously Paid Fer" IN THIS SPACE is less than 20, enter "20".

** If the "Highes Number Previously Paid Fer" IN THIS SPACE is less than 3, enter "2".

The "Highes Number Previously Paid Fer" IN THIS SPACE is less than 3, enter "2".

The "Highes Number Previously Paid Fer" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hose Second : THE form is committed to the 0.2 hours to confident. I have tary depending upon the costs of the material case.

Any contracts on the assent of the yea are required in complete this form should be seen to the Chief Information Office, U.S. Fraces and Trademark
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